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FROM:
Robert H. Resis

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DATE:
June 16, 2005

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TOTAL NO. OF PAGES: (including cover sheet)
3

YOUR REFERENCE NO.:
10/826.088

OUR REFERENCE (C/M) NO.:
011738.00219

RE: In re: Appln. Christenson, et al.
Appln. No. 10/826,088
Filed: April 16, 2004
For: Implantable Drug Delivery Device with Peristaltic Pump Having a Retractable Roller

OFFICIAL FAX

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NAME:
Lydia Vega

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Status Inquiry

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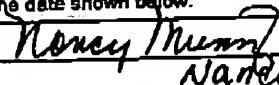
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/826,088	
	Filing Date	April 18, 2004	
	First Named Inventor	Christenson	
	Art Unit	3746	
	Examiner Name	T/B/D	
Total Number of Pages in This Submission	3	Attorney Docket Number	011738.00219

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Tables on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Coversheet
Remarks The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Robert H. Resis		
Date	June 16, 2005	Reg. No.	32,168

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature		Date	June 16, 2005
Typed or printed name	Nancy Huriz		

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**
(Attorney Docket No. 011738.00219)In re U.S. Patent Application of
Christenson, et al.

Application No. 10/826,088

Filed: April 16, 2004

For: IMPLANTABLE DRUG DELIVERY
DEVICE WITH PERISTALTIC PUMP
HAVING A RETRACTABLE ROLLER

Examiner: T/B/D

Group Art Unit: 3746

STATUS INQUIRYCommissioner for Patents
Washington, D.C. 20231

Dear Sir:

Applicant respectfully requests a report with respect to the status of the above-identified application. It is noted that we are in receipt of the filing receipt for this application.

Respectfully submitted,

BANNER & WITCOFF, LTD.

Dated: June 16, 2005

By: Robert H. Resi
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